

01/15/2005

Ms. Gotcher,

First of all, thank you so much for taking your time to visit us, The UTMB/CMC employees, at our unit. This visit means a lot since not many employees in a big organization have a chance to meet with higher-up management on a personal level. We have been encouraged by David Watson, our cluster nurse manager, to address our concerns with you. As you may be well aware of, we were assigned a new nurse manager in August 2005. Since then staffing levels on the pods have been decreased, the morale among the employees has severely decreased, turnover rate is at a new high, and so is the mortality rate among the patients assigned to the RMF. We went from a nurse manager who believed in quality of care, to a manager who thinks quantity of patients with less nursing staff to perform patient care is more important. Below I will try to illustrate these problems.

Our nurse manager believes that during the 12 hour day shift, one LVN, experienced or not, and two patient care assistants is sufficient staffing to take care of the thirty-two patients assigned to North Pod. The LVN is expected to complete and document patient assessment on all thirty-two patients, observe dressing changes and describes the wounds, give insulin as ordered, ensure patients are fed/cleaned/groomed daily and PRN, take of orders and make sure the orders are carried out. Because of the magnitude of duties this LVN has, only the patients who scream/complaint the loudest will get extra attention. Many, subtle changes in a patient's condition are missed due to lack of time. The standard staffing level for South Pod exists of two LVNs and two patient-care assistants/nurse's aids. This level is adequate but it does not leave much extra time for the staff to pick up on subtle changes in patient's conditions. Once again, the patient who screams the loudest gets the most attention. On different occasions the staffing levels have been discussed with the nurse manager to no avail. She claims that we, the nurses, do not know how to use our resources wisely and therefore we are incompetent. One of the duties assigned to the ER nurse is house supervisor. We were able to make independent decisions regarding accepting patients, and changes in daily assignments. Now our hands are tied because we are not allowed to refuse any patient from hospital Galveston and make any changes in the daily assignments, even if there was an acuity change on one of the pods. Our nurse manager has accepted patients in the past without researching the room assignment, and orders in depth. When the patients arrived, new room assignments and room changes were needed to accommodate the increased patient load.

On many occasions, the daily assignment sheet does not reflect the monthly schedule and people are left off, or assigned when not scheduled. In the few instances that a change was initiated in the daily assignments, the involved staff-member called the nurse manager at home, the ER nurse was scolded over the phone by the nurse manager and reminded that under no circumstances the daily assignment sheet can be changed, no matter what.

Employees are scared to voice their opinion because "anything we say will be used against us". Many times a day, co-workers remind me to be careful because the "walls have ears". It seems that many employees, nursing staff and security officers, have a

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personal hotline to our nurse manager and as soon they hear somebody voice a concern, they call the manager to inform her. She acts on this kind of information, jumps to conclusions and creates a hostile environment. Now, employees are tiptoeing around each other and whispering has become a normal way of conversation.

The authoritative management style of our nurse manager has lead to many conflicts and job dissatisfaction and is the main source of the low morale among the nurses. Since the change in management, approximately 10 staff members have left, the few nurses left are looking for a career change and many agency nurses refuse to come back due to lack of help. Also the lack of communication, i.e. no regular scheduled nursing staff meetings, has lead to a decrease in morale.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marianne Anderson".

Marianne Anderson, RN, BSN, CCHP